

## **Improving Deflections from Nursing Home Placement**

**FUNDING OPPORTUNITY:** The Department on Aging anticipates funding between two and four projects to pilot ideas the State might implement statewide to reduce initial nursing home placements or to shorten the length of stay of placements that must be made. The Department has approximately \$900,000 available in Balancing Incentive Program funds for this purpose. Funding will be available from August 1, 2014 through December 1, 2015.

**ISSUE:** The federal Balancing Incentive Program (BIP) requires participating states to shift their overall LTSS spending from institutional care to community-based services and supports. According to 2009 data, Illinois spent 27% of their overall funding on community-based services and supports, only Mississippi started with a lower percentage. The State has put a great deal of effort into rebalancing its system through the implementation of the Money Follows the Person Program, the implementation of three Olmstead Consent Decrees, and the Administration's efforts to close state facilities. These efforts to transition individuals out of institutional care, including nursing homes has proven to be difficult and expensive work. Research has shown that the longer a person resides in a facility the more the person adopts learned dependency and the more their personal and community support system deteriorates and must be rebuilt, frequently with costly alternatives.

A more effective and efficient way to rebalance is to avoid institutional placements in the first place. Illinois' Home and Community-Based Waiver programs are the second oldest in the nation, implemented thirty-three years ago. The level of need required for nursing home placement was set by what was considered appropriate at that time. We know that our threshold for eligibility determination, entry point is now among the lowest in the nation. Technology and public perception about persons with disabilities in the community has changed dramatically. Our criteria and method of determining eligibility have not kept pace with these changes. Analysis of the functional status needs of people living in facilities across the United States reveal a comparatively large number of individuals with low functional status needs living in Illinois facilities. This is at least partially explained by the low barrier to entry. Individuals with limited functional impairments would not be eligible for admission into nursing facilities in other states. In addition, in some circumstances, the present system provides a means of institutional placement without a prescreening prior to institutional admission.

The state is undertaking a series of reforms of its long-term care service and support systems to better foster the delivery of long-term care services and supports in the home and community, as opposed to institutional settings. However, if our entry systems and the perceptions of those making placement decisions are not altered these reforms will not be as effective as they should be. Through this funding opportunity the State hopes to identify ways to reduce initial placements into facilities and to shorten placements that must take place by adjusting practice and perceptions.

**WHO MIGHT APPLY:** Applicants might represent any of the organizations and entities noted below but the State would prefer projects that represent collaborations between multiple partners, including across multiple disability groups:

- Case Coordination Units
- Community Mental Health Centers
- Area Agencies on Aging
- Centers for Independent Living

- Hospitals
- Housing agencies
- Professional medical associations (i.e., physicians, therapists, etc.)

**APPLICATION PROCESS:** Applications should include the attached cover sheet and budget and no more than a two-page narrative. The narrative should include but not necessarily be limited to:

1. The particular problem or problems in the current process the pilot would address (See IDENTIFIED PROBLEMS below)
2. What processes will be changed or activities undertaken and how the applicant feels this will result in fewer nursing home placements or shorter nursing home stays
3. What partners other than the project lead will be involved, what part each party will play and how interactions will be handled
4. Anticipated project timelines
5. Suggested goals and methods of analysis (The Department on Aging's Front-End Deflection Project Consultant will work with pilot partners on analysis of project progress and results.)

Please submit applications electronically by no later than **5:00PM on May 26, 2014** to [nyle.d.robinson@illinois.gov](mailto:nyle.d.robinson@illinois.gov). An informational question/answer video conference will be held on **May 8 from 2:00 until 4:00 at the Illinois Department on Aging headquarters Rock River Room and the Department's Chicago video conference room at 160 N. LaSalle in Chicago. This session may also be accessed by calling 1-888-494-4032, pass code, 539 445 2892. Responses to questions asked will be posted on the Department on Aging and Healthcare and Family Services websites.**

**SELECTION PROCESS:** The Department on Aging will take the lead in the selection of possible pilot project partners in collaboration with an advisory group representing the aging and disability networks. Proposals will be evaluated based on:

1. How well they would address one or more of the identified problems or another problem the advisory group agrees raises to the same level of importance,
2. How well the advisory group believes the proposal conforms to restrictions on the funding,
3. How well the advisory group believes the proposal supports other efforts the state is undertaking to rebalance its system of long-term care services and supports, and
4. How well the advisory group feels the idea could be scaled-up to statewide application.

Applicants may be asked to make a presentation to the advisory group. There may also be a negotiation process to respond to feedback from the advisory group, to assure pilots can conform to state procurement and contracting restrictions or to make adjustment to available funding.

**IDENTIFIED PROBLEMS:** The State will consider any idea that might hold the promise of safely and appropriately reducing nursing home placements. However, based on lessons learned from the State's Money Follows the Person program and discussions with stakeholders, we have identified the following specific problems applications might propose to address through process changes:

- A lack of affordable, accessible housing often results in persons going into nursing facilities. Additionally, the process for accessing a nursing home placement is a quicker due to the availability of existing

nursing homes on a statewide basis versus accessing community-based housing which is not necessarily available statewide and is not necessarily specific to an individual's needs.

- Many individuals are placed in facilities for short-term rehabilitation but their support structures deteriorate rapidly and they remain there because they no longer have what they would need to live independently in the community (e.g. housing, functional skills, etc.).
- Between a third and half of residents of long-term care facilities have significant problems with mental illness, although their primary need is often physical, and this makes it more difficult to avoid initial placements and complicates the process of reintegration.
- Many individuals, family/partner or professional staff (e.g. MD, RN, Discharge planner, allied health professionals) lack the knowledge or understanding of what is available to safely and appropriately care for people in the community. This may also be due to a medical model approach among some professionals who influence LTC placement decisions from hospitals, resulting in avoidable nursing facility placements. (NOTE: Another aspect of the Front-End Deflection project is to develop continuing education training for various medical and social service professionals on safe and appropriate use of home and community services and supports.)
- About 80 percent of care at home is provided by unpaid caregivers and may include an array of emotional, financial, transportation, in-home and other services. Family support is a critical for many older adults to remain in their homes and in the community, but it has a significant financial, emotional and physical cost to many family caregivers.

#### **ADDITIONAL CONSIDERATIONS:**

- The state is undertaking a series of significant reforms over the next few years. Within the BIP we will be transitioning to a new uniform assessment tool process and a no-wrong-door system. Funding also has been included to improve and expand on the existing Aging and Disability Resource Center/Network process to build stronger linkages across programs on the local level statewide. It also is anticipated that the state will move to an 1115 waiver which will merge all Medicaid waivers for adults. The State intends for these pilots to complement these efforts and take into account not just where we are now but where we expect to be in two years and beyond.
- An applicant may wish to include a tie into another BIP or MFP project, for instance efforts to expand community-based mental health services under MFP, housing supports, or enhanced ADRC networks. Illinois' BIP Application and Work Plan can be accessed via the National BIP website, [www.balancingincentiveprogram.org](http://www.balancingincentiveprogram.org).
- The State also will consider the anticipated impact if a project is ultimately implemented on a statewide basis, favoring projects with the greatest anticipated long-term impact.
- Given the relatively short period of time we have to work with, we do not anticipate these pilots conforming to rigorous research study standards. Rather we anticipate pilots helping us test ideas we have reason to believe will improve results and procedures we foresee the state needing to implement along with other changes. This might include processes that have shown promise in other states or localities.
- We are viewing this as a purchase of care situation that deals with alterations in our existing eligibility determination and case management systems. Our selection process will have to take this into account. We will not be able to consider proposals that do not link back to our current processes.

- Applicants must agree to cooperate fully with the Department on Aging and its project consultant and with the Balancing Incentive Program project lead agency, the Department of Healthcare and Family Services, on all evaluation and assessment and program compliance activities.
- Applicants will be required to participate in project conference calls facilitated by the Department on Aging in conjunction with other partners, both internal and external to state government, to review progress, discuss the impact of other changes being made in long-term care services and supports that might impact the pilots, and to discuss options for applying learning statewide.